ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS OWING

Period Ending:		SURANCE OF PLAN
	Mark with "X"	
"Old" Business:		OF ARK STATE

		Mark
Burial Association Name:	"Old" Business:	
Contract Funeral Home Name:	"New" Business: (Act 443 of 1987)	

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6a] ▶

AMOUNT PAYABLE TOTAL:
(All Pages/All Records)

				(All Pages/All Records)				
NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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39								
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41								
42								
				1		<u> </u>	PAGE 1 SUBTOTAL:	

FSD-BA_SAR_BEN_OWED PAGE 1 OF 3

ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS OWING

Period Ending:		SULINCE DE PLAN
	Mark with "X"	
"Old" Business:		OF ARKS
"New" Business:		

Burial Association Name:	"Old" Business:
Contract Funeral Home Name:	"New" Business: (Act 443 of 1987)

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6a] ▶

AMOUNT PAYABLE TOTAL: (All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF	B.A. CERTIFICATE	(All Pages/All Records)				
	D.A. WEWBER NAME	AGE	DATE OF DEATH	NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE	
43									
44									
45									
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51									
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81									
82				1			+		
83							+		
84				+			+		
						<u> </u>	PAGE 2 SUBTOTAL:		

FSD-BA_SAR_BEN_OWED PAGE 2 OF 3

ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS OWING

NS	Period Ending:		THE PARTY OF THE P
	_	Mark with "X"	
	"Old" Business:		OF ARKS
	"New" Business:		

(Act 443 of 1987)

Burial Association Name:	
Contract Funeral Home Name:	

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6a] ▶

AMOUNT PAYABLE TOTAL:
(All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
85								
86								
87								
88								
89								
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NOTES

The BENEFITS OWING Exhibit is required to report any B.A. members (also referred to as "policyholders") who have died, where B.A. certificate proceeds are payable to the servicing funeral home, but did NOT get paid during the semi-annual period in which they incurred. Benefits Owing are still a "liability" or "accounts payable" item to the B.A. at the end of the current reporting period. The Benefits Owing may be paid during the following reporting period, but not after the second reporting period following the period in which they incurred. After the second reporting period the Benefit Owing must be charged off.

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